

108TH CONGRESS  
1ST SESSION

# H. R. 2527

To provide for the provision by hospitals of emergency contraceptives to women who are survivors of sexual assault.

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## IN THE HOUSE OF REPRESENTATIVES

JUNE 19, 2003

Mr. GREENWOOD (for himself, Mr. ROTHMAN, Mrs. JOHNSON of Connecticut, Ms. DEGETTE, Ms. SLAUGHTER, Mr. PALLONE, Mr. OLVER, Mrs. DAVIS of California, Mr. ABERCROMBIE, Mr. EVANS, Mr. GEORGE MILLER of California, Ms. CORRINE BROWN of Florida, Ms. LEE, Mr. INSLEE, Mr. CASE, Mr. WAXMAN, Mr. TIERNEY, Mr. BACA, Mrs. JONES of Ohio, Mr. BLUMENAUER, Mr. LARSON of Connecticut, Mr. NADLER, Mr. DINGELL, Mr. McDERMOTT, Mr. BROWN of Ohio, Ms. EDDIE BERNICE JOHNSON of Texas, Ms. HARMAN, Ms. LOFGREN, Mr. MATSUI, Mr. BRADY of Pennsylvania, Ms. DELAURO, Mr. STARK, Mr. FALEOMAVAEGA, Mr. GRIJALVA, Ms. BERKLEY, Ms. CARSON of Indiana, Mr. FARR, Mr. JACKSON of Illinois, Mr. OWENS, Mrs. MALONEY, Mr. SANDERS, Mr. WU, and Ms. WOOLSEY) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To provide for the provision by hospitals of emergency contraceptives to women who are survivors of sexual assault.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2       This Act may be cited as the “Compassionate Assist-  
3       ance for Rape Emergencies Act”.

4 **SEC. 2. FINDINGS.**

5       The Congress finds as follows:

6           (1) It is estimated that 25,000 to 32,000  
7       women become pregnant each year as a result of  
8       rape or incest. An estimated 22,000 of these preg-  
9       nancies could be prevented if rape survivors had  
10      timely access to emergency contraception.

11          (2) A 1996 study of rape-related pregnancies  
12      (published in the American Journal of Obstetrics  
13      and Gynecology) found that 50 percent of the preg-  
14      nancies described in paragraph (1) ended in abor-  
15      tion.

16          (3) Surveys have shown that many hospitals do  
17      not routinely provide emergency contraception to  
18      women seeking treatment after being sexually as-  
19      saulted.

20          (4) The risk of pregnancy after sexual assault  
21      has been estimated to be 4.7 percent in survivors  
22      who were not protected by some form of contracep-  
23      tion at the time of the attack.

24          (5) The Food and Drug Administration has de-  
25      clared emergency contraception to be safe and effec-

1       tive in preventing unintended pregnancy, reducing  
2       the risk by as much as 89 percent.

3           (6) Medical research strongly indicates that the  
4       sooner emergency contraception is administered, the  
5       greater the likelihood of preventing unintended preg-  
6       nancy.

7           (7) In light of the safety and effectiveness of  
8       emergency contraceptive pills, both the American  
9       Medical Association and the American College of  
10      Obstetricians and Gynecologists have endorsed more  
11      widespread availability of such pills.

12          (8) The American College of Emergency Physi-  
13      cians and the American College of Obstetricians and  
14      Gynecologists agree that offering emergency contra-  
15      ception to female patients after a sexual assault  
16      should be considered the standard of care.

17          (9) Nine out of ten women of reproductive age  
18      remain unaware of emergency contraception. There-  
19      fore, women who have been sexually assaulted are  
20      unlikely to ask for emergency contraception.

21          (10) New data from a survey of women having  
22      abortions estimates that 51,000 abortions were pre-  
23      vented by use of emergency contraception in 2000  
24      and that increased use of emergency contraception

1       accounted for 43 percent of the decrease in total  
2       abortions between 1994 and 2000.

3           (11) It is essential that all hospitals that pro-  
4       vide emergency medical treatment provide emergency  
5       contraception as a treatment option to any woman  
6       who has been sexually assaulted, so that she may  
7       prevent an unintended pregnancy.

8       **SEC. 3. SURVIVORS OF SEXUAL ASSAULT; PROVISION BY**  
9                   **HOSPITALS OF EMERGENCY CONTRACEP-**  
10                  **TIVES WITHOUT CHARGE.**

11       (a) IN GENERAL.—Federal funds may not be pro-  
12       vided to a hospital under any health-related program, un-  
13       less the hospital meets the conditions specified in sub-  
14       section (b) in the case of—

15           (1) any woman who presents at the hospital  
16       and states that she is a victim of sexual assault, or  
17       is accompanied by someone who states she is a vic-  
18       tim of sexual assault; and

19           (2) any woman who presents at the hospital  
20       whom hospital personnel have reason to believe is a  
21       victim of sexual assault.

22       (b) ASSISTANCE FOR VICTIMS.—The conditions spec-  
23       ified in this subsection regarding a hospital and a woman  
24       described in subsection (a) are as follows:

1           (1) The hospital promptly provides the woman  
2           with medically and factually accurate and unbiased  
3           written and oral information about emergency con-  
4           traception, including information explaining that—

5                   (A) emergency contraception does not  
6                   cause an abortion; and

7                   (B) emergency contraception is effective in  
8                   most cases in preventing pregnancy after un-  
9                   protected sex.

10          (2) The hospital promptly offers emergency  
11          contraception to the woman, and promptly provides  
12          such contraception to her on her request.

13          (3) The information provided pursuant to para-  
14          graph (1) is in clear and concise language, is readily  
15          comprehensible, and meets such conditions regarding  
16          the provision of the information in languages other  
17          than English as the Secretary may establish.

18          (4) The services described in paragraphs (1)  
19          through (3) are not denied because of the inability  
20          of the woman or her family to pay for the services.

21          (c) DEFINITIONS.—For purposes of this section:

22                  (1) The term “emergency contraception” means  
23                  a drug, drug regimen, or device that is—

24                          (A) used postcoitally;

1 (B) prevents pregnancy by delaying ovula-  
2 tion, preventing fertilization of an egg, or pre-  
3 venting implantation of an egg in a uterus; and

4 (C) is approved by the Food and Drug Ad-  
5 ministration.

6 (2) The term “hospital” has the meanings given  
7 such term in title XVIII of the Social Security Act,  
8 including the meaning applicable in such title for  
9 purposes of making payments for emergency services  
10 to hospitals that do not have agreements in effect  
11 under such title.

12 (3) The term “Secretary” means the Secretary  
13 of Health and Human Services.

14 (4) The term “sexual assault” means coitus in  
15 which the woman involved does not consent or lacks  
16 the legal capacity to consent.

17 (d) EFFECTIVE DATE; AGENCY CRITERIA.—This sec-  
18 tion takes effect upon the expiration of the 180-day period  
19 beginning on the date of the enactment of this Act. Not  
20 later than 30 days prior to the expiration of such period,  
21 the Secretary shall publish in the Federal Register criteria  
22 for carrying out this section.

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